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Bib Data Sheet

CONFIRMATION NO. 6203

SERIAL NUMBER 10/758,975	FILING DATE 01/16/2004 RULE	CLASS 166	GROUP ART UNIT 3672	ATTORNEY DOCKET NO. 064552.0249
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 10/076,021 10/26/2001 PAT 6,679,333

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance	Verified and Acknowledged Examiner's Signature	Initials		

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TITLE

Top drive well casing system ~~and method~~

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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